

Abuse, Neglect, and Financial Exploitation of Missouri's Elderly and Adults with Disabilities



Missouri's Abuse & Neglect Hotline
For the Elderly and Adults with Disabilities
1-800-392-0210

Relay Missouri
TDD: 1-800-735-2966
Voice: 1-800-735-2460

Department of Health and Senior Services
P. O. Box 570
Jefferson City, MO 65102-0570
www.dhss.mo.gov



(This page intentionally blank.)

Reporting Requirements

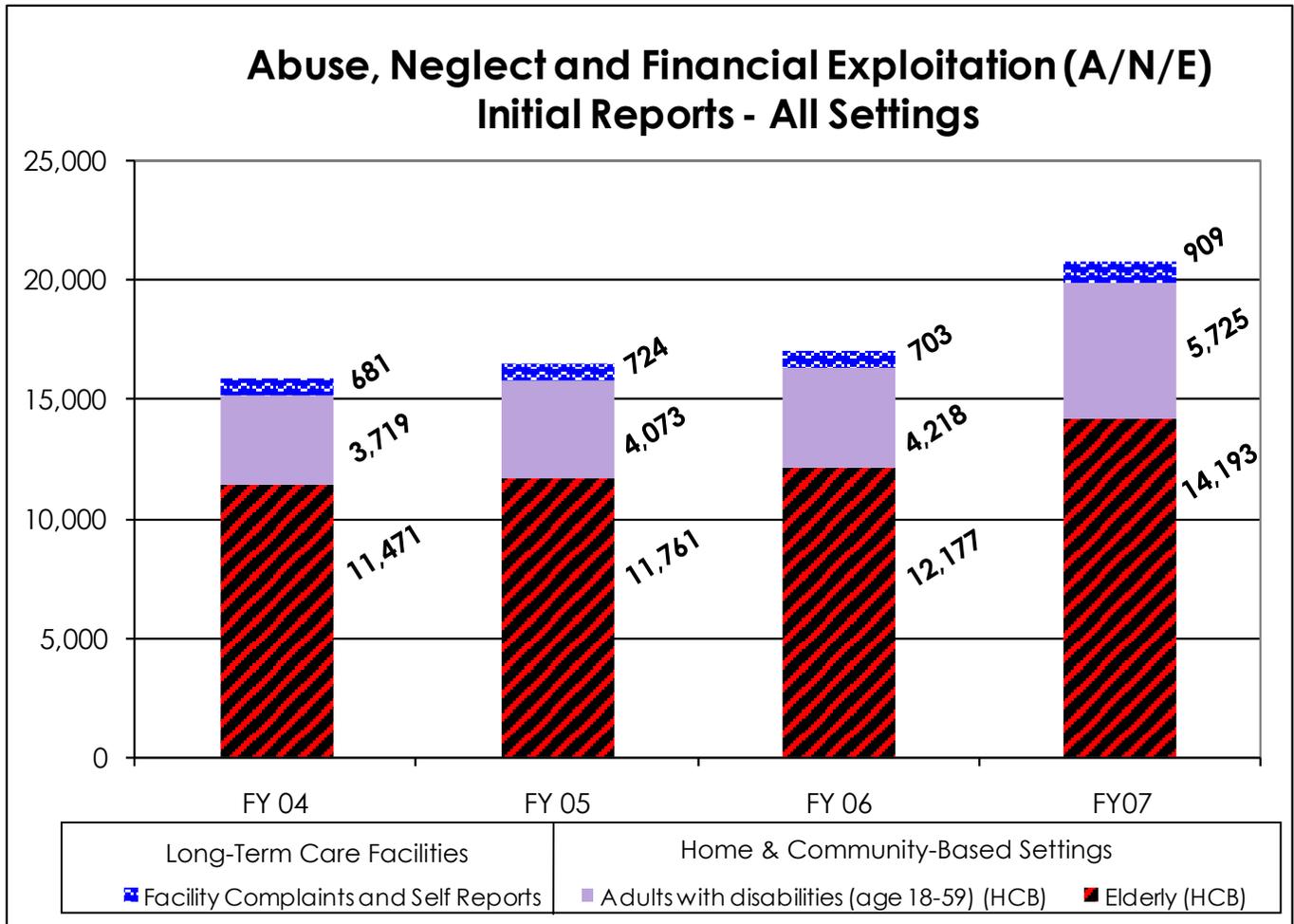
<p>Facility Residents - Section 198.070, RSMo: reasonable cause to believe that a resident of a facility has been abused or neglected</p> <p>Consumers of Personal Care - Section 208.912, RSMo: reasonable cause to believe that a consumer has been abused or neglected as a result of the delivery of or failure to deliver personal care assistance services</p> <p>Seniors - Section 565.188, RSMo: reasonable cause to suspect such an eligible adult has been subjected to conditions or circumstances which would reasonably result in abuse or neglect</p> <p>Clients of Home Care - Section 660.300, RSMo: reasonable cause to believe that an in-home services client has been abused or neglected as a result of in-home services</p> <p>Failure to report is a Class A misdemeanor under the above statutes.</p>	Mandated Reporters		
	<ul style="list-style-type: none"> ♦ Adult Day Care Worker ♦ Chiropractor ♦ Christian Science Practitioner ♦ Coroner ♦ Dentist ♦ Embalmer ♦ Employee of the Department of Health and Senior Services ♦ Employee of the Department of Social Services ♦ Employee of the Department of Mental Health ♦ Employee of a local Area Agency on Aging (AAA) or an organized AAA Program ♦ Funeral Director ♦ Home Health Agency or Agency Employee 	<ul style="list-style-type: none"> ♦ Hospital or Clinic Personnel engaged in examination, care, or treatment of persons ♦ In-Home Services owner, provider, operator, or employee ♦ Law Enforcement ♦ Long-Term Care Facility Administrator or Employee ♦ Medical Examiner ♦ Medical Resident or Intern ♦ Mental Health Professional ♦ Minister ♦ Nurse 	<ul style="list-style-type: none"> ♦ Nurse Practitioner ♦ Optometrist ♦ Other Health Practitioner ♦ Peace Officer ♦ Person with responsibility for the care of a person 60 years of age or older or an eligible adult ♦ Personal Care Attendant ♦ Pharmacist ♦ Physical Therapist ♦ Physician ♦ Physician's Assistant ♦ Podiatrist ♦ Probation or Parole Officer ♦ Psychologist ♦ Social Worker ♦ Consumer Directed Services Vendor

Reporting

The reporter should be prepared to answer the following questions to the best of their ability:

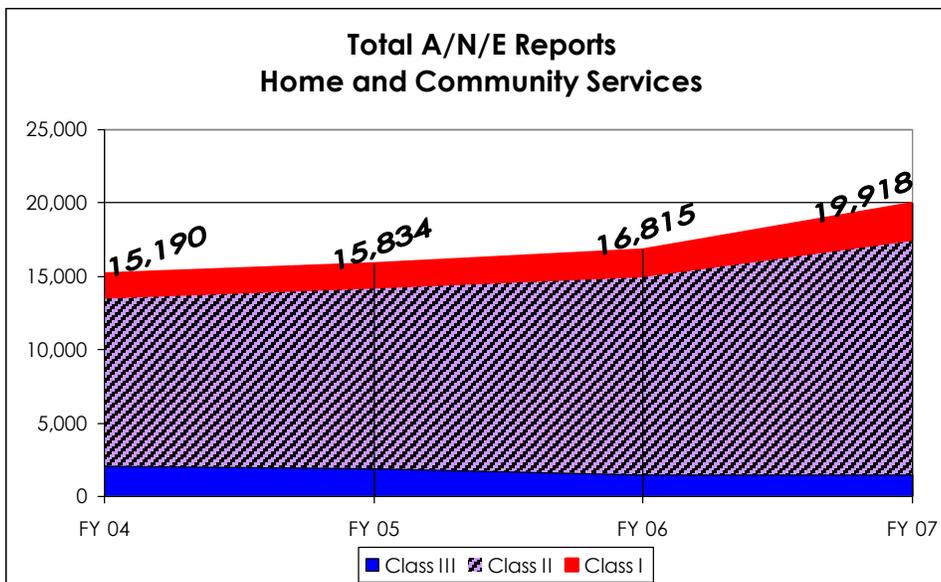
- The alleged victim's name, address, telephone number, sex, age and general condition;
- The alleged abuser's name, address, sex, age, relationship to victim and condition;
- The circumstances which lead the reporter to believe that the older person is being abused, neglected or financially exploited, with as much specificity as possible;
- Whether the alleged victim is in immediate danger, the best time to contact the person, if he or she knows of the report, and if there is any danger to the worker going out to investigate;
- The name, telephone number and professional relationship of the reporter;
- The names of others with information about the situation;
- If the reporter is not a required reporter, whether they are willing to be contacted again; and
- Any other relevant information.

Initial Reports



Initial Reports of Abuse, Neglect, and Financial Exploitation (A/N/E) topped 20,000 for the first time in FY 2007, up 22 percent from FY 2006. The largest jump, an over 35 percent increase, was noted in reports regarding adults age 18 to 59 with disabilities.

Home & Community-Based Settings



Class I reports (imminent danger) made up 1.5 percent more of the reports than in FY 2006. Class II reports made up about 80 percent, and the percentage of Class III reports dropped slightly.

Investigations

The subsequent investigation is conducted in accordance with the following statutory guidelines:

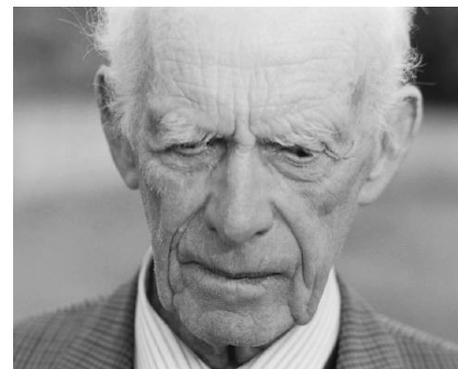
1. The identity of a reporter is protected in accordance with state statutes (198.070 RSMo; 660.263 RSMo; 660.300 RSMo; and 660.320 RSMo).
2. A reporter is immune from civil or criminal liability for making a report or testifying pursuant to state mandates (198.070 RSMo; 208.912 RSMo; 208.915 RSMo; 565.190 RSMo; 660.300 RSMo; and 660.305, RSMo).
3. Persons who report (other than the perpetrator) shall be protected from harassment, dismissal, or retaliation when such report is filed in good faith (198.070 RSMo; 208.912 RSMo; 208.915 RSMo; 660.300 RSMo; and 660.305 RSMo).
4. The Employee Disqualification List (EDL) is an administrative vehicle through which the Director of DHSS may prohibit persons from working in any elder care entity that is licensed by, certified by, or contracted with the Department of Health and Senior Services, thereby increasing the protection of eligible adults (660.315 RSMo).
5. An agency providing services shall be responsible for screening prospective employees, including criminal background and EDL checks and reviewing current employees against the most recent information contained in the EDL (198.070 RSMo and 660.317 RSMo).
6. DHSS has statutory responsibility for investigation of all allegations of abuse and neglect (198.070 RSMo, 208.912 RSMo; 208.915 RSMo; 565.186 RSMo; 660.260 RSMo; 660.261 RSMo; 660.300 RSMo; and 660.305 RSMo).
7. The DHSS worker shall investigate reports of alleged abuse and neglect in accordance with current division policy. The investigation will focus on gathering all pertinent information and will generally include:
 - ◆ Contact with the reporter for additional information;
 - ◆ An interview with the reported adult;
 - ◆ An interview with any relevant witnesses; and
 - ◆ An interview with the alleged perpetrator.

Classification of Reports

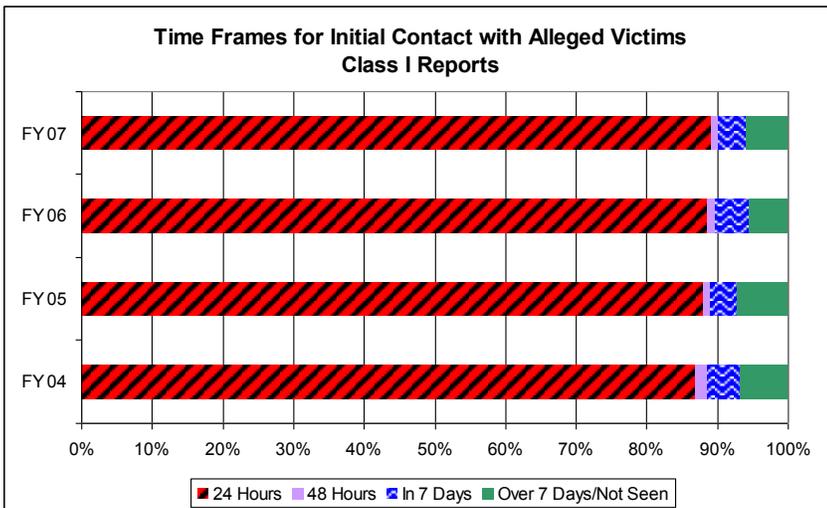
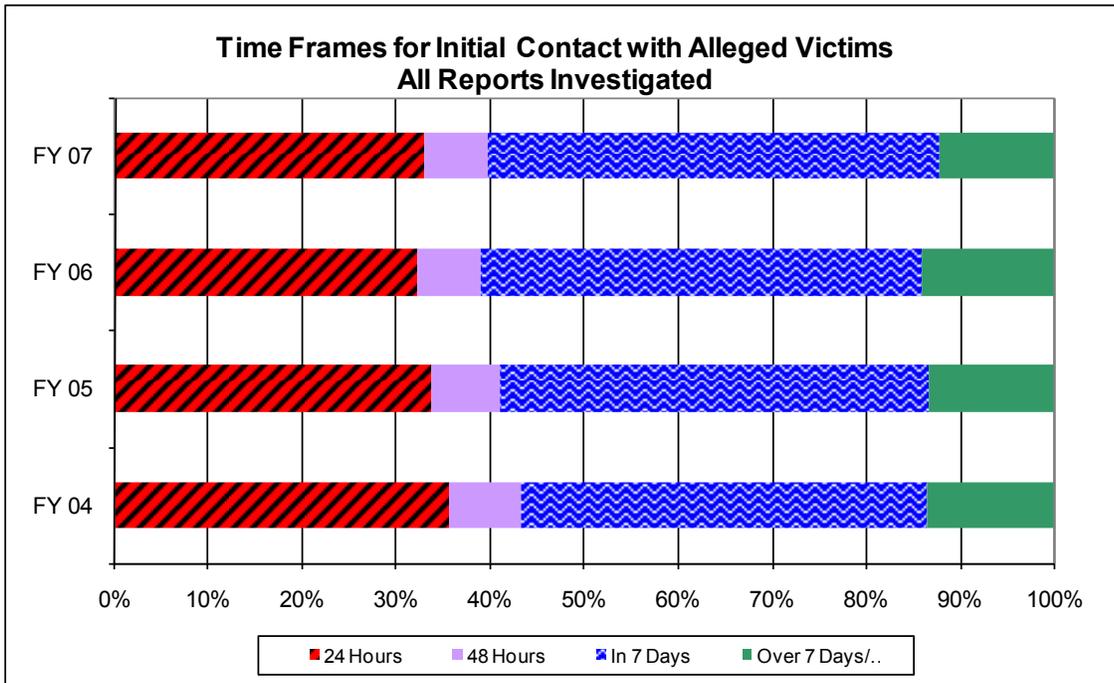
Class I reports involve life-threatening, imminent danger situations, which indicate a high risk of injury or harm to an eligible adult. Initial contact with alleged victim is made as soon as possible, usually within 24 hours.

Class II reports involve situations which may result in harm or injury to an eligible adult but are not life-threatening. Initial contact with alleged victim is usually made within one week.

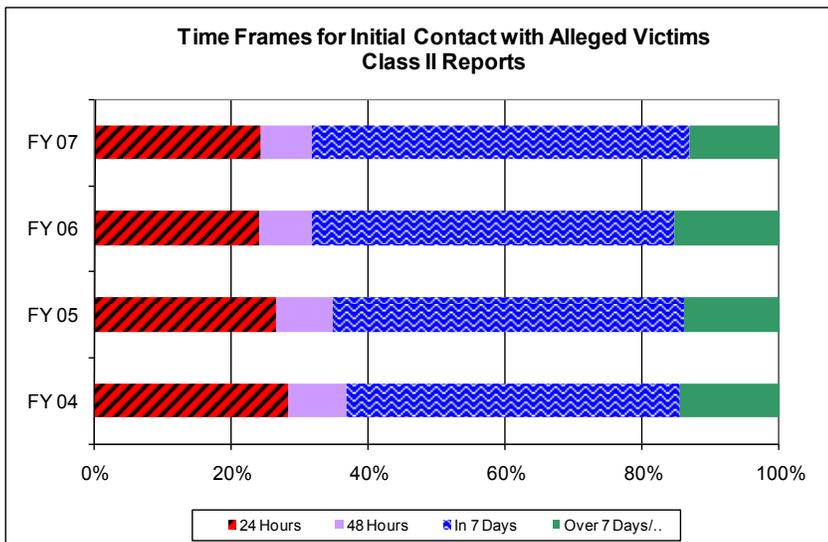
Class III reports involve non-protective situations or additional information on an open report.



Initiation of the Home and Community investigation begins as soon as is necessary, according to information contained in the report. Regardless of the report classification, 88 percent of alleged victims were seen within seven days.



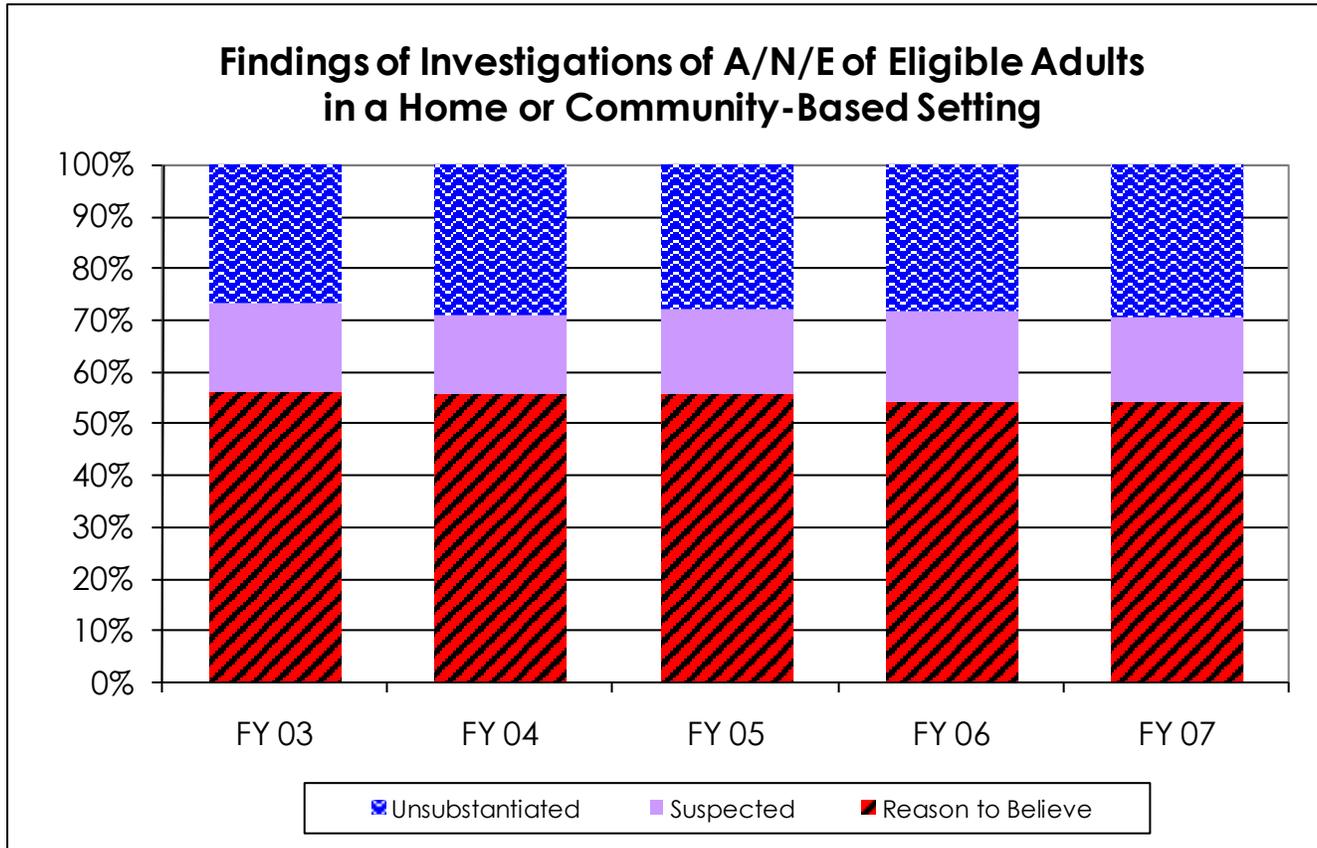
Almost 90 percent of alleged victims in Class I hotline reports are seen within 24 hours.



Over 85 percent of Class II victims are seen within one week. The number of clients who were not seen includes those whom investigators were unable to locate, or those who moved or died.

Findings

Approximately 54 percent of the investigations had a finding of reason to believe the allegations. In an additional 16.5 percent of the investigations, the allegations were suspected to be true. The trend for substantiated/reason to believe allegations has held relatively steady for the past five years.



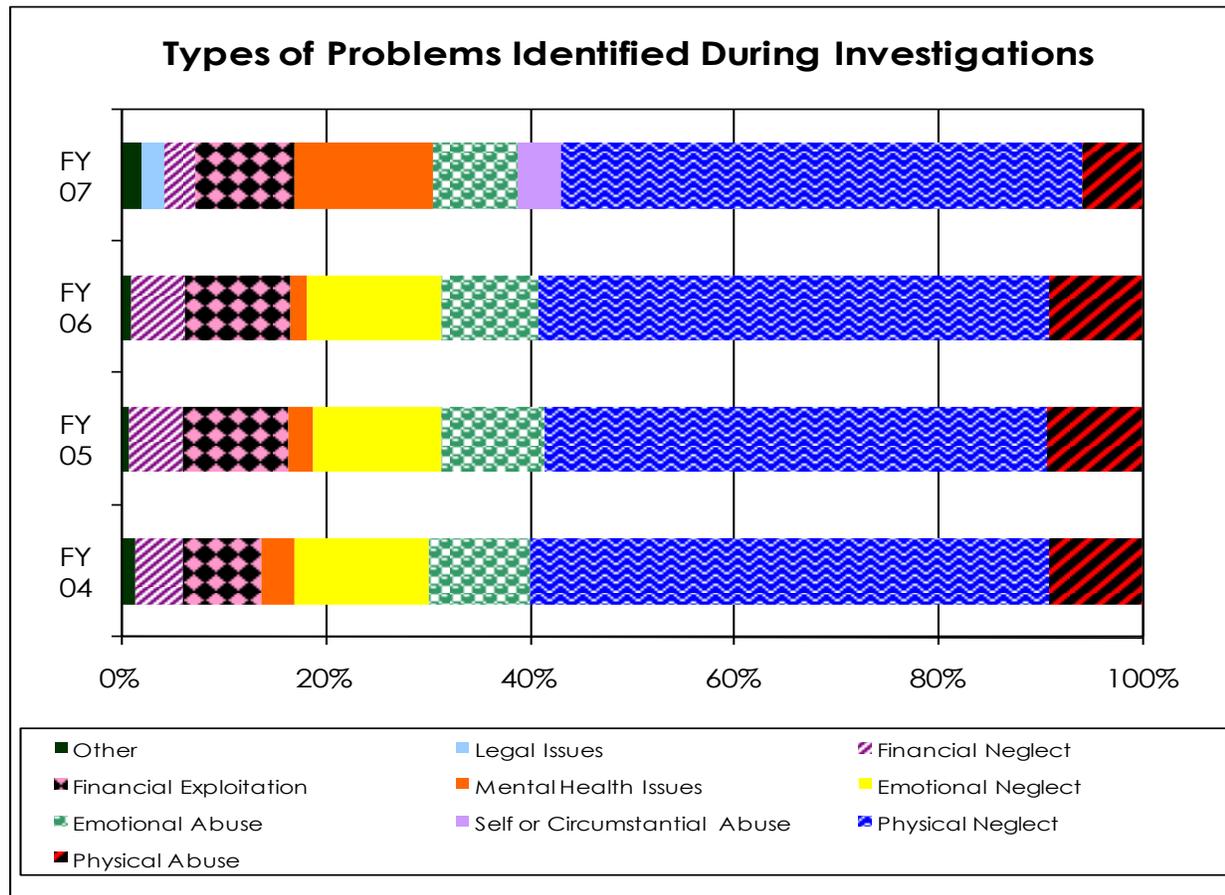
Home & Community-Based Investigation Findings

Reason to Believe: Substantial amount of evidence is found supporting the allegations contained in the report.

Suspected: Based on worker judgment, allegations contained in the report are probable or likely.

Unsubstantiated: The evidence of the investigation does not support the allegations.



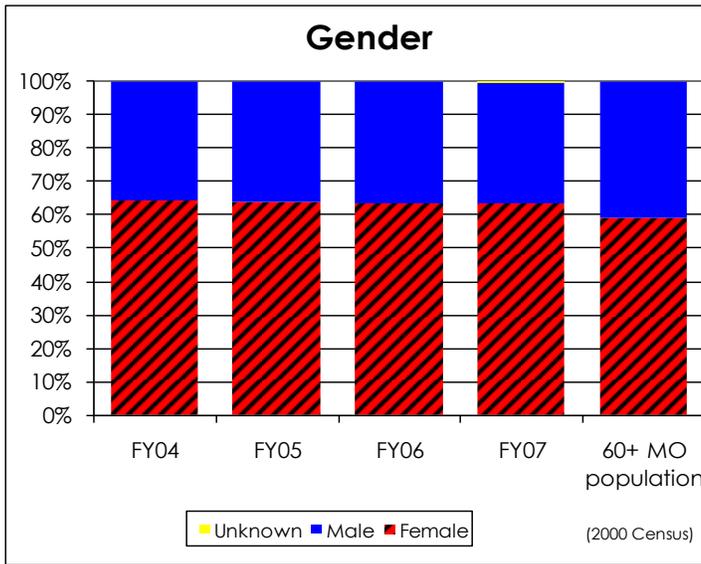


Self/Circumstantial Abuse and Legal Issues are new categories tracked for FY 2007 and the Emotional Neglect category was incorporated into Mental Health Issues. Problems identified in findings are based on "problems" stated for completed investigations, which are not directly related to the number of reported elders/victims, as victims may have multiple problems. The largest category of problems, over 50 percent, continues to be physical neglect, which includes self-neglect.

	Determination of Findings By Category											
	Reason to Believe				Suspected				Unsubstantiated			
	FY 04	FY 05	FY 06	FY 07	FY 04	FY 05	FY 06	FY 07	FY 04	FY 05	FY 06	FY 07
Physical Abuse	37.40%	36.20%	34.40%	33.40%	14.20%	15.80%	18.30%	14.87%	48.40%	48.00%	47.30%	51.73%
Self or Circumstantial Abuse				42.44%				20.15%				37.41%
Physical Neglect	40.60%	40.90%	41.00%	42.18%	13.70%	14.80%	15.40%	14.72%	45.70%	44.30%	43.60%	43.10%
Emotional Abuse	36.20%	37.00%	35.40%	32.50%	18.40%	19.30%	19.20%	21.59%	45.40%	43.70%	45.40%	45.91%
Emotional Neglect	48.10%	51.30%	50.50%		19.00%	19.50%	19.10%		32.90%	29.20%	30.40%	
Mental Health Issues	53.20%	62.60%	66.80%	52.02%	15.00%	14.60%	13.30%	19.54%	31.80%	22.80%	19.90%	28.44%
Financial Exploitation	19.30%	20.70%	18.40%	17.34%	18.60%	18.90%	20.20%	18.25%	62.10%	60.40%	61.40%	64.41%
Financial Neglect	36.10%	43.10%	45.40%	48.98%	14.60%	18.00%	17.10%	16.65%	49.30%	38.90%	37.50%	34.37%
Legal Issues				39.82%				17.14%				43.04%
Other	31.20%	35.80%	31.40%	33.37%	14.90%	13.90%	12.10%	11.28%	53.90%	50.30%	56.50%	55.35%

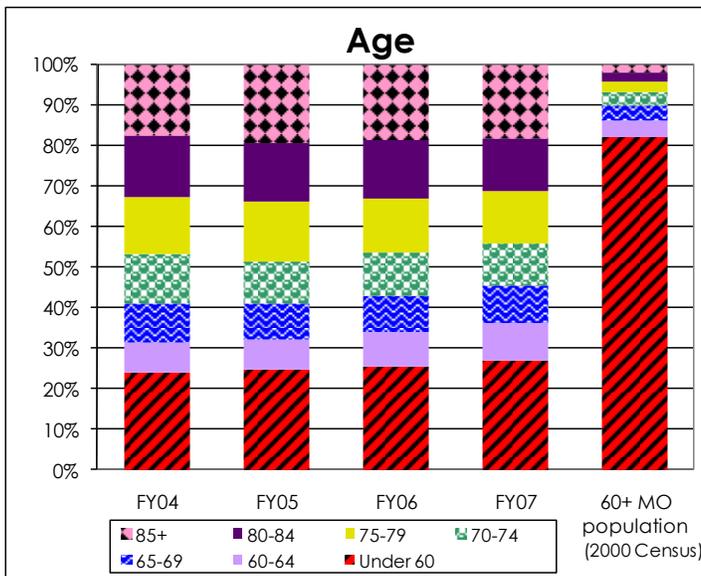
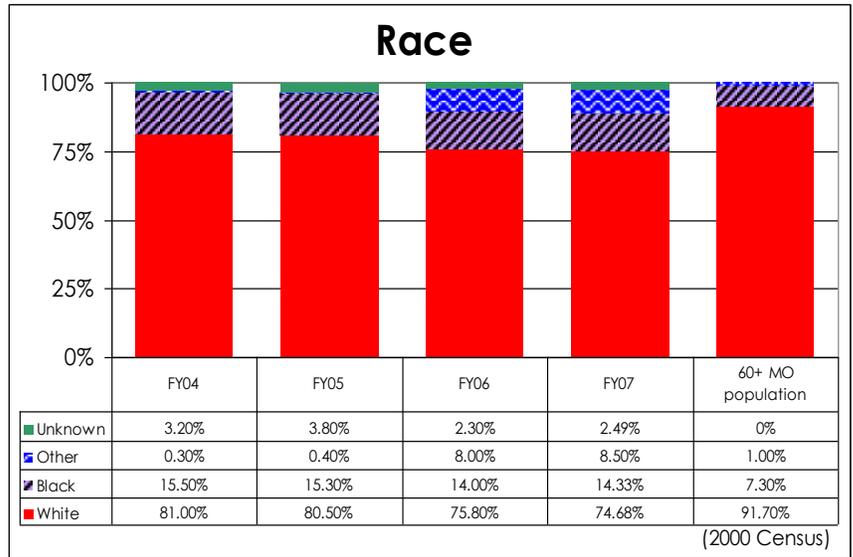
Approximately 50 percent of the reports regarding mental health issues and financial neglect are found to be valid. A significant percentage of reports involving physical abuse, self or circumstantial abuse, and physical neglect are also validated upon investigation.

Demographics of Alleged Victims Compared to Missouri's Population for Completed Investigations



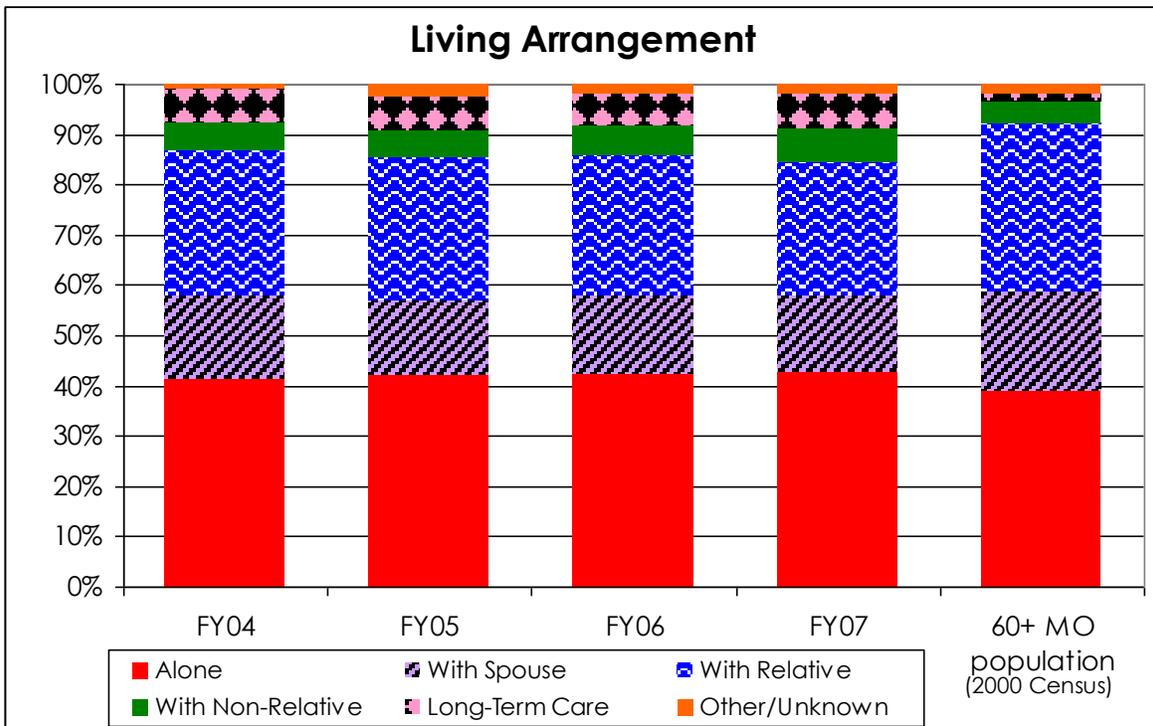
Approximately 60 percent of Missouri's senior population is female and the percentage of reports of abuse and neglect break very closely along the same demographic line.

Missouri is predominately white, making up around 90 percent of the elder population. However, over 20 percent of the alleged victims of abuse and neglect are minorities. The increase in minority populations within Missouri since the 2000 Census is the factor influencing the significant increase in alleged victims identified under "Other," beginning in FY 2006.



Missouri's population is estimated at 5.9 million, and over 1 million of Missourians are over age 60.

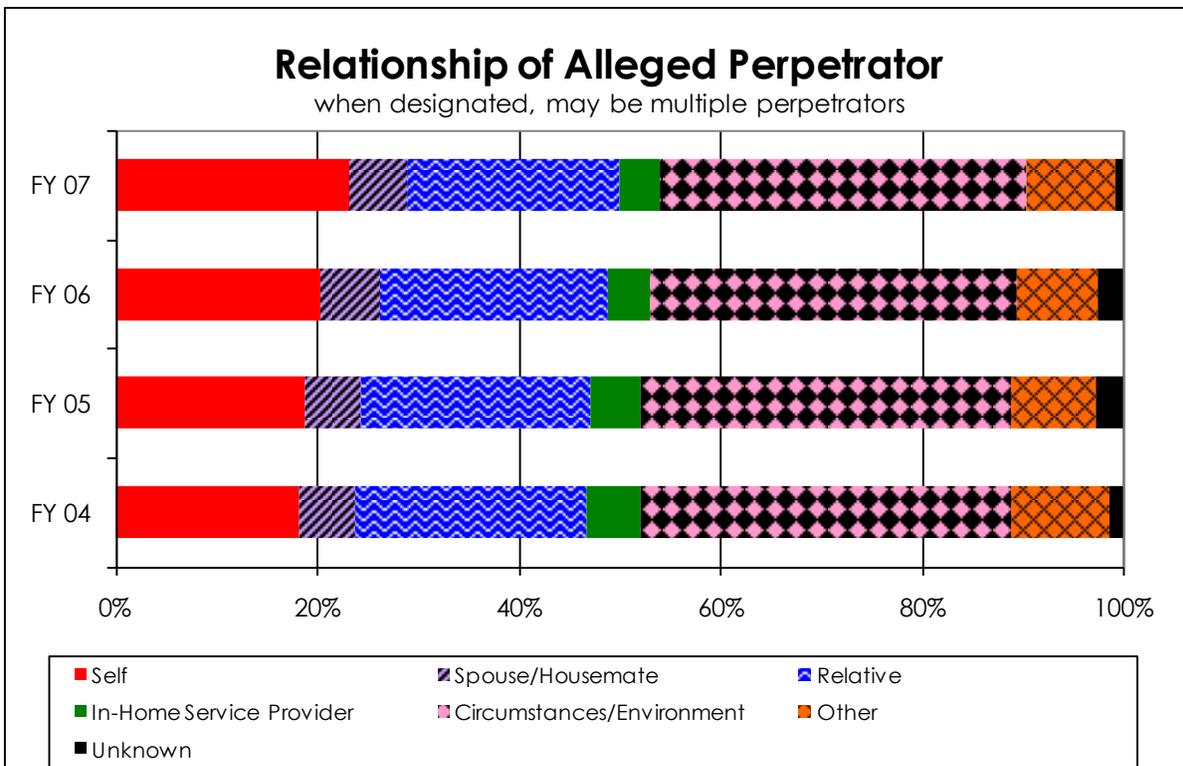
Reports show that alleged abuse and neglect victims are spread evenly across age ranges, with increases in likelihood as individuals age. Over 18 percent of victims are age 85 or older.



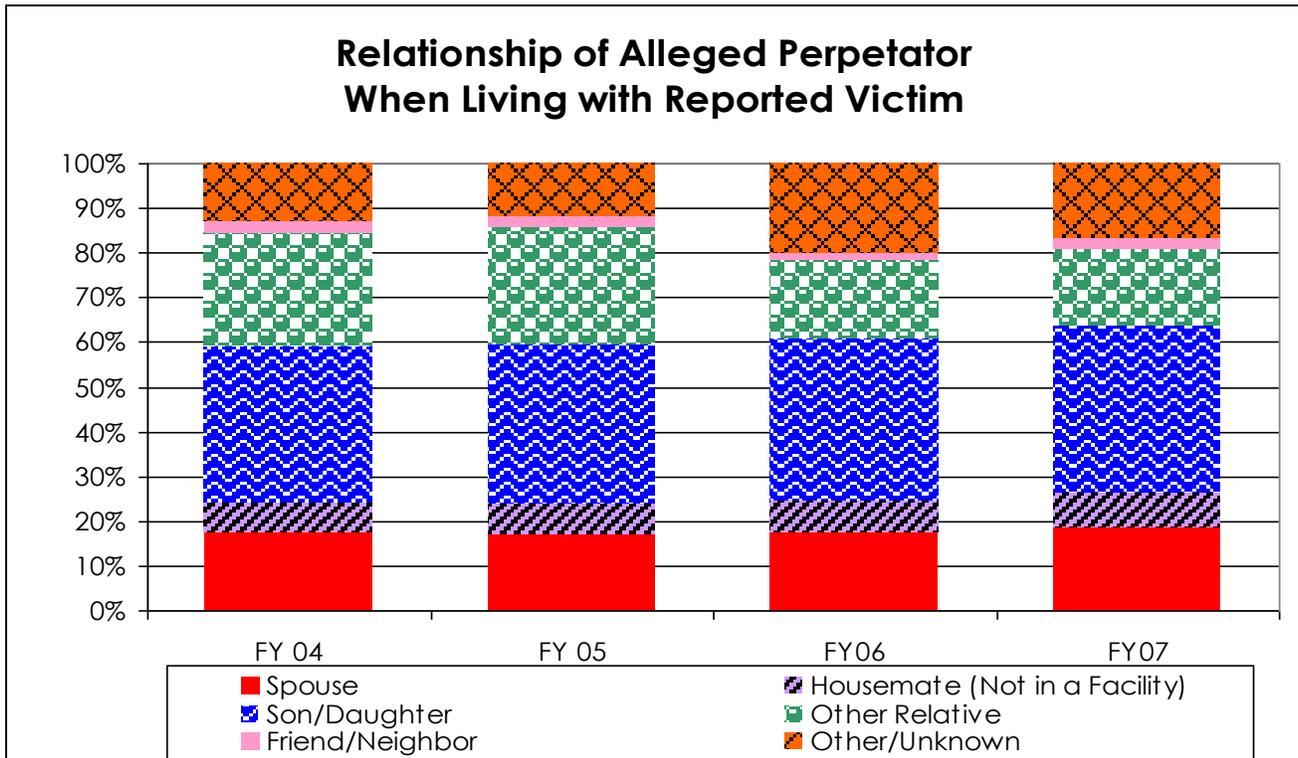
Living arrangement does not seem to have a significant effect on the incidence of abuse or neglect. There is a slightly higher incidence of reports for individuals who live alone, contributing to the amount of self or circumstantial abuse noted earlier.

Alleged Perpetrator Data (Where Available)

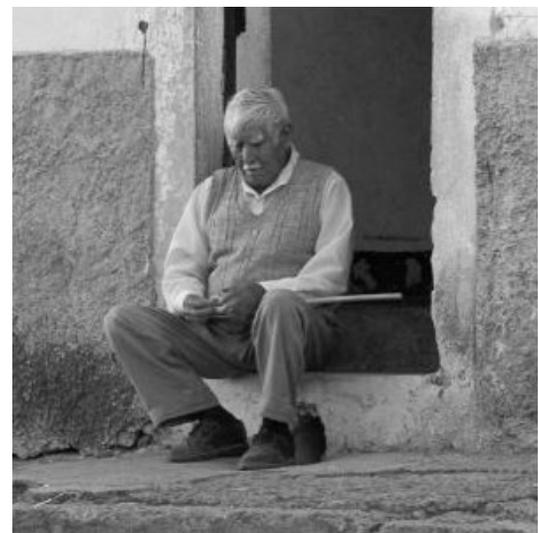
Data regarding alleged perpetrators is collected when possible. Data is not available for every report of abuse, neglect, or financial exploitation.



An individual's circumstances and/or environment were the reasons for the largest number of reports, over 36 percent. Nearly one-quarter of the reported abuse/neglect was attributed to the individual. Another significant percentage of reports named the alleged perpetrator as a relative (child, sibling, parent, grandchild, etc.). Since FY 2004, there has been a sharp increase in alleged self abuse or neglect. Reports alleging abuse, neglect, or financial exploitation by Home and Community-Based services providers, as well as other health care professionals, guardians, friends, landlords and others, have decreased significantly during the same period.

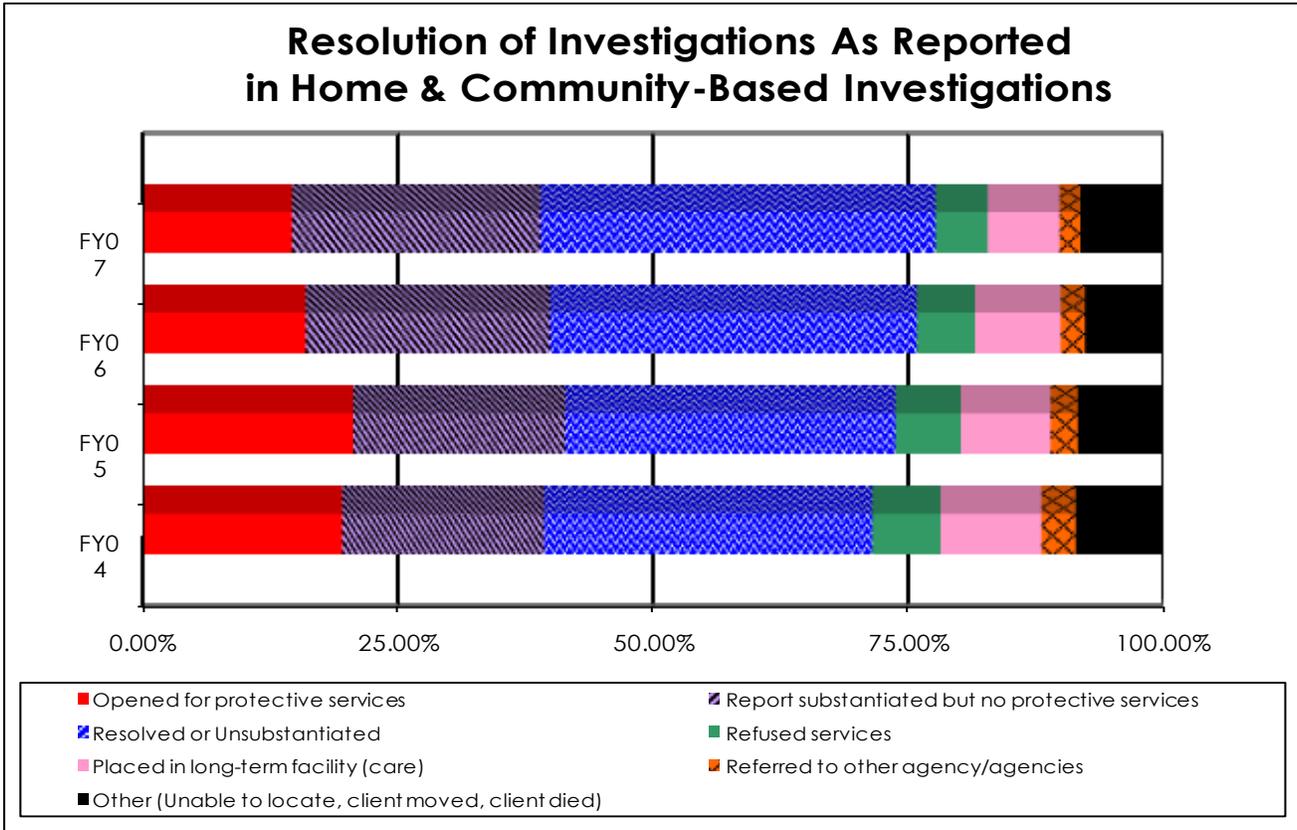


When the alleged perpetrator lived with the victim, 37 percent of the reported abuse/neglect was at the hands of the individual's son or daughter. Almost three-quarters of the time, the alleged victim was related in some manner to their abuser, either by marriage or by blood.



Intervention Services

Intervention Services are available to eligible adults through Missouri’s Adult Protective Services Program. A trained Adult Protective and Community Services Worker investigates the report, assesses the victim, and assists in arranging appropriate intervention services if the alleged victim chooses to receive services. The victim is empowered to make his or her own choices including those regarding long-term care.



Resolutions generally fall into three categories: a report is substantiated and the victim enters into a Protective Services (PS) Plan, a report is substantiated, but no protective services are necessary, and the issue was resolved by another means (including unsubstantiated reports).

Less than 8 percent of the time, the victim chose to enter a long-term care facility in FY 2007.



Adult Protective Services Intervention Services

<p>Core Services</p> <ul style="list-style-type: none"> ◆ Intake and assessment ◆ Case management ◆ Follow-up ◆ Early intervention services <p>Emergency</p> <ul style="list-style-type: none"> ◆ Emergency shelter, food or clothing ◆ Emergency caregiver or placement ◆ Crisis intervention <p>Financial and Economic</p> <ul style="list-style-type: none"> ◆ Money management: counseling, power of attorney, payee, conservatorship ◆ Income stretching benefits: SSI, SS, VA, Food Stamps, MO HealthNet, pensions, Railroad Retirement, health insurance ◆ Employment programs/agencies ◆ Clubs and churches which provide specific services: Lions, Rotary, civic and fraternal organizations ◆ Referrals for temporary financial support 	<p>Legal</p> <ul style="list-style-type: none"> ◆ Law enforcement ◆ Attorneys; Bar associations; Legal Aid ◆ Civil commitment ◆ Orders of protection ◆ Probate and circuit courts ◆ Guardianship/conservatorship / public administrator ◆ Better Business Bureau referrals <p>Health / Medical</p> <ul style="list-style-type: none"> ◆ Hospitalization, doctor visit, outpatient clinics ◆ Health screening/evaluation ◆ Drug information and health education ◆ Mental health services ◆ Dental care ◆ Home health care, visiting nurses, public health department ◆ Adult day care ◆ MO HealthNet/Medicare ◆ Congregate/home-delivered meals ◆ Boarding/nursing homes ◆ Assisted living facilities ◆ Voluntary organizations 	<p>Home Support and Housing</p> <ul style="list-style-type: none"> ◆ Respite ◆ In-home services ◆ Alternative housing, HUD programs, housing authorities, retirement villages ◆ Home repair ◆ Residential care, assisted living facilities, and nursing homes <p>Social, Educational, Recreational</p> <ul style="list-style-type: none"> ◆ Support groups ◆ Transportation ◆ Religious / church organization ◆ Congregate meals/Senior Centers ◆ Counseling ◆ Adult educational classes ◆ Crime prevention ◆ Civic groups, clubs, fraternal organizations, AARP ◆ Voluntary organizations ◆ Adult day care ◆ Outreach ◆ Information and referral assistance ◆ Telephone reassurance ◆ Friendly visitor ◆ Arts and crafts courses
--	--	---

Long-Term Care Facilities

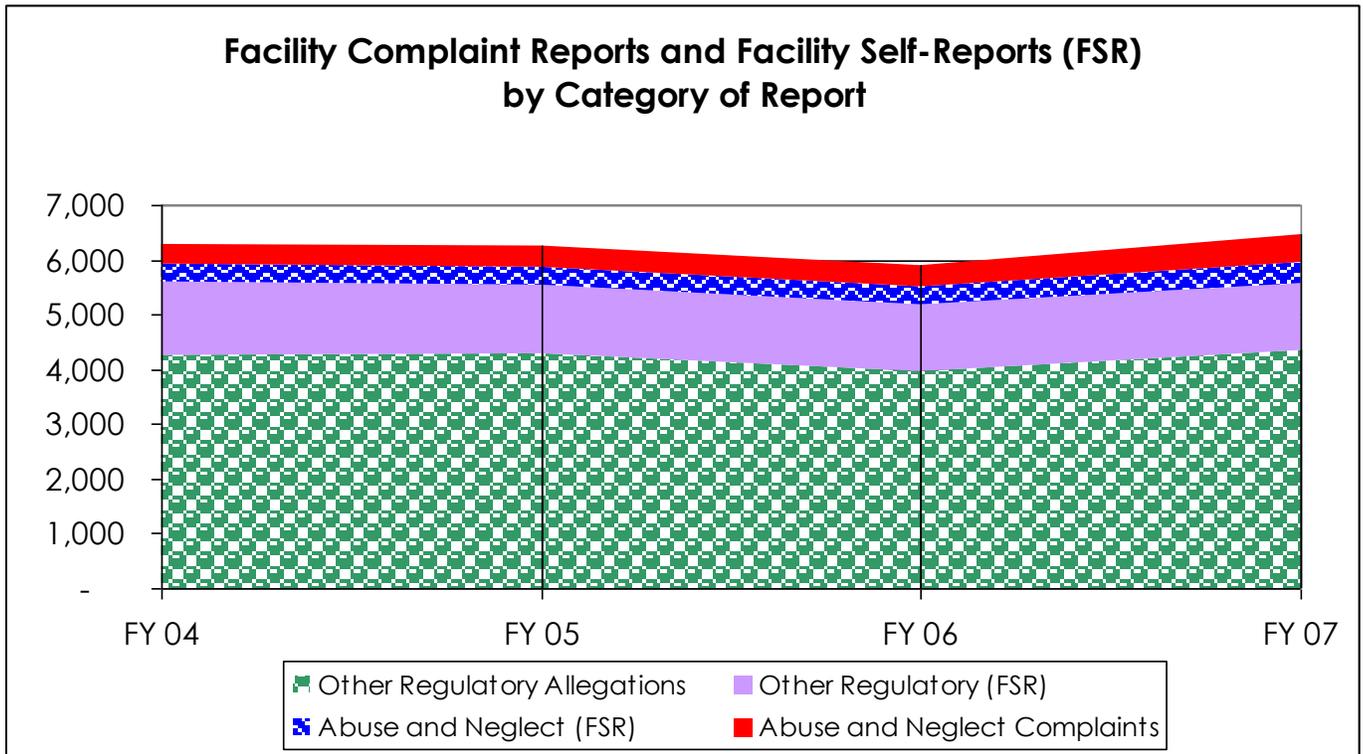
Long-term care facilities are obligated to report incidents, including abuse and neglect, which occur within the facility. Reports are also accepted from any other individual who wishes to report abuse, neglect, or regulatory issues if they believe a violation is occurring within the facility.

Long-Term Care Facility Findings

Valid: A conclusion that the allegation did occur and there was a statutory or regulatory violation.

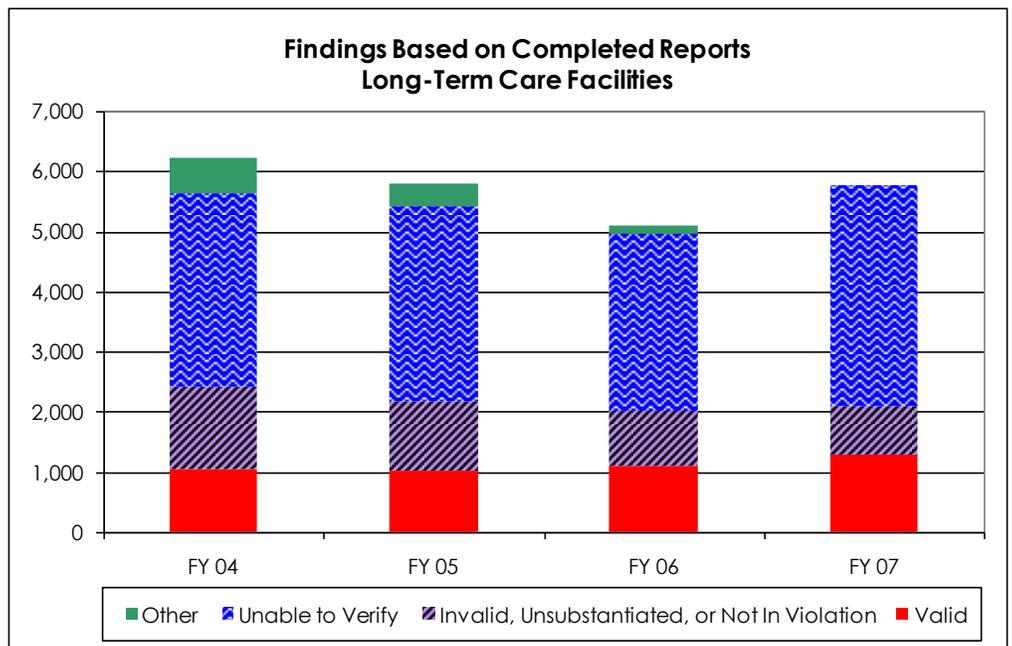
Invalid: A conclusion that the allegation did not occur; a conclusion that there is not a reasonable likelihood that the allegation occurred; OR a conclusion that the allegation either occurred or there is a reasonable likelihood that it occurred, but there is not a statutory or regulatory violation.

Could Not Verify: This conclusion is reached when a complaint is investigated and there is conflicting information collected to the extent that no conclusion regarding a regulatory violation could be reached.



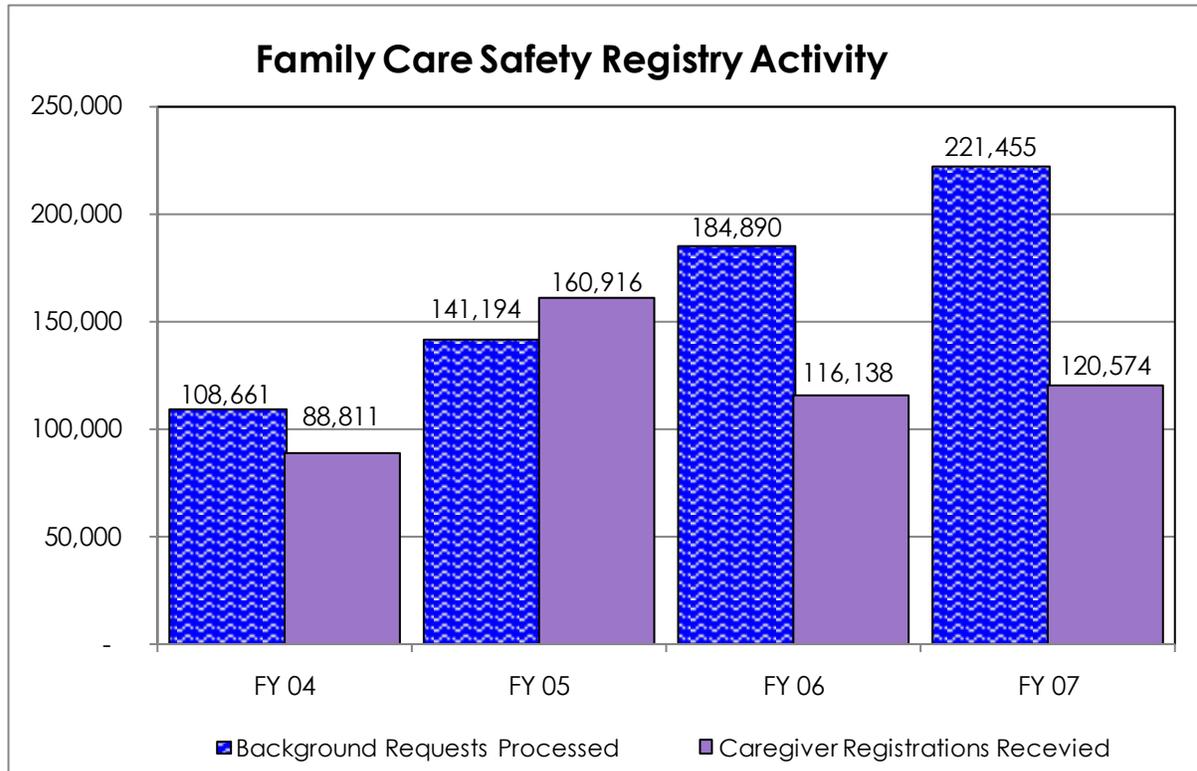
Abuse and neglect comprise just over 14 percent of the complaints received. The majority of reports were in regard to other regulatory issues.

The majority of reports in long-term care facilities could not be verified. Just over one-quarter of reports were categorized as valid.



Family Care Safety Registry (FCSR)

Caregivers required to register include individuals employed by elder care providers and/or those who receive state or federal funds as payment for elder care services. Elder care providers include home health agencies, hospices, hospitals, nursing facilities, residential care facilities, in-home service providers, and consumer-directed service vendors. Persons who are not required to register may do so voluntarily. Employers may submit completed registration forms for multiple prospective employees. Registration fees may be paid by the individual or by the employer, and both the applicant and the employer will receive notification of the screening results. Workers need to register only one time, even if they change jobs.



Background information from the FCSR may be requested for **employment purposes only** by phone, fax, mail, and Internet. There is no cost to obtain a background screening on registered workers.



To contact the Family Care Safety Registry, call toll-free 1-866-422-6872; on the Web at <http://www.dhss.mo.gov/fcsr/>

State Statutory References

[Chapter 198 RSMo, Convalescent, Nursing, & Boarding Homes](#)

[Chapter 208 RSMo, Consumer-Directed Services](#)

[Chapter 565 RSMo, Offenses Against The Person](#)

[Chapter 570 RSMo, Stealing and Related Offenses](#)

[Chapter 660 RSMo, Protective Services For Adults](#)

Links to these statutes are also available at www.dhss.mo.gov.

For more information on [Abuse, Neglect, and Financial Exploitation](#), follow this hyperlink.

To report suspected abuse, neglect, or financial exploitation of an elderly person or an adult with a disability, call 1-800-392-0210.

